

ROUTING AND TRANSMITTAL SLIP				Date
TO: (Name, office symbol, room number, building, Agency/Post)				Initials
1.				Date
2.				
3.				
4.				
5.				
Action		File		Note and Return
Approval		For Clearance		Per Conversation
As Requested		For Correction		Prepare Reply
Circulate		For Your Information		See Me
Comment		Investigate		Signature
Coordination		Justify		
REMARKS				

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No. - Bldg.
	Phone No.

OPTIONAL FORM 41 (Rev. 7-76) (EG)
Prescribed by GSA
FPMR (41 CFR) 101-11.206
Designed using Perform Pro, WHS/DIOR, Mar 95

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